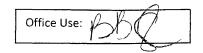


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 01/05/16		
	Type: New Amended (if amending, enter MEC ID A151186 & section changed 2 (address)		
2.			
	Campaign for Clean Water STL		
	PO BOX 771436, Saint Louis, MO 63177	<i>.!</i>	
	Committee Mailing Address, City, State, & Zip		() Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	oners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Office s Name & Title of a 1997	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on	back) No
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees	Control
	Name & Maining Address, City, State & Zip of Camulate	relepitorie Number (Candidate Committees v	Опу
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all committees)		
>	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
further acknowledge that I am aware that any false statement or declaration made herein is punish			ishable under Ch. 575 RSMo.
Committee Treasurer Candidate (Candidate Committees On		Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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